

Case Study on Psychological and Social Impacts of Breast Cancer

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Abstract: Breast cancer is a topic that has been greatly and many research have been carried out of late – on its impact on human being. Breast cancer is now the most common cancer in most cities in India, and 2nd most common in the rural areas. In India, we are now witnessing more and more numbers of patients being diagnosed with breast cancer to be in the younger age groups (in their thirties and forties. For the year 2015, there will be an estimated 1,55,000 new cases of breast cancer and about 76000 women in India are expected to die of the disease). Breast cancer not only leads to physical trauma but also leads to psychological and social impact. Patients undergo stress which leads to depression, anxiety and fear. So breast cancer patients are both treated for the physical and psychological issues. Case study helps in getting the in-depth understanding of the psychological conditions of the patients.

Lets us admit that professional social workers go a long way to help in the psychological and social well being of the patients through case work and group work.

I. Introduction

According to GLOBOCAN (WHO), for the year 2012, an estimated 70218 women in India died due to Breast Cancer more than any other country in the world. Because many of them have no family history of breast cancer or other known risk factors, the diagnosis often comes as a devastating surprise. The emotional turmoil that results can affect women's physical health as well as their psychological well-being. So many women you know may have had breast cancer — friends and neighbors, coworkers, relatives. It seems as if every time you turn around, breast cancer is being talked about in the newspaper or on TV.

You may be fear full of developing breast cancer for the first time or of receiving a diagnosis after a mammogram or other testing. If you've had breast cancer, you may be fearful of a possible recurrence or even of the possibility that breast cancer could take your life.

Breast cancer is an uncontrolled growth of breast cells. To better understand breast cancer, it helps to understand how any cancer can develop.

Cancer develops when cells in a part of the body begin to grow out of control.

Although there are many kinds of cancer, they all start because of out-of-control growth of abnormal cells.

Normal body cells grow, divide, and die in an orderly fashion. During the early years of a person's life, normal cells divide more rapidly until the person.

Patient X is 41 y/o, female, currently residing at Pudukottai. Patient X was born on May 28, 1976. She is married and was blessed with 2 children. She is currently living with her sister and her daughter here in woraiyur due to her chemotherapy sessions at GVN Hospital. She is currently a housewife, managing the family and her daughter. At present, source of income comes from her husband working as a Computer Technician on a company. She was admitted last September 2016 at GVN Hospital with complaints of having pain in her right breast.

She certainly entertains herself by cleaning and doing household chores and taking care of her family. She verbalized that the greatest gift from her is her only children Present Illness

2 months Prior to Admission, patient complained, patient noted a mass before the incision area of the right breast.

There was associated tenderness but no discharge.

Consultation was sought and surgery was scheduled, hence admission.

Past Medical History

Patient X has no previous history of allergies. She had stated that she had previous records of hospitalization and operations.

Last Operations were performed on September 2008

She underwent MRM (Modified Radical Mastectomy) and Status post a 6 cycle of Chemotherapy because of presence of tumor on her right breast. She has also a history of Hypertension.

Family Medical History Patient X verbalized that she is the only one in the family that had cancer. She has stated that there were Family Medical Diseases known in their neither family nor hereditary

sickness such as hypertension and most commonly in cancer.

She declared that she had cancer due to an unhealthy lifestyle established during her younger years. Her aunt had breast cancer and survived and her cousin died due to cancer. Social/Environmental History Patient X is married and with two children. They are living in an individual house. Purchase of mineral water is their source of drinking water in the area. She also Garbage is collected on their area daily. She is fond of eating vegetables and fruits, less meat, and fish, and very selective on food. She dislikes and avoids eating salty foods. She also stated that she is a non-alcoholic and non-smoker.

Gynaecological History

The patient was pregnant two times and delivered a two healthy children via Normal Spontaneous Delivery. During her pregnancy, she has a regular pre-natal check-up every month. She has a normal menstrual cycle (ranging from 3 to 4 days every month). She has not undergone any abortion. She has no history of reproductive abnormalities.

Psychosocial Status

Patient X is 41 y/o, female; She seems to be depressed and stressed. Initially she had a fear and trauma. She does not talk to visitors and was always crying and inconsolable. She always talked about the life of her children and her family. She was cooperative to the nursing and medical interventions. .

a. Mental Status and Emotional Status

The patient was conversant and was slightly oriented to date time, place, and people and to her present condition. During the duty, there were observed mood swings and emotional changes. She lacked positive attitude. She answers questions and follow instructions appropriately.

b. Environmental Status

The patient was admitted to GVN Hospital for Surgery female ward. The ward has adequate lighting, good ventilation and warm temperature.

It was maintained clean at all times by the cooperation of the Hospital Janitor, Staff Nurses and Watchers of each patient. The bed has no side rails. There are clean blankets and pillows for the patient's use.

There was a regular garbage collection in the hospital where in there is proper regulation. The garbage bins are placed on the hallway of the ward which is managed by the Hospital Janitor.

c. Tactile Status

She was able to perceive hotness. She was also able to perceive cold as noted when she asked the student nurse why the thermometer is cold. Pain was noted when she grimaced upon the administration of intravenous medications.

d. Language Perception and Formation

The patient is fluent in Tamil. She can understand tamil language but fairly understands other dialects.

e. Motor Status

Patient can move all her extremities very well. She has no limited movement from her bed and can stand on her own. She could ambulate around the ward and walks to the comfort room to refresh herself without no assistance.

f. Nutritional Status

During her hospitalization, The doctor advised her to take in foods that would boost her immune system, eating a balanced meal composing largely on fruits and vegetables and small amount of meat. She has a good appetite. Upon palpation, there is no abdominal tenderness.

g. Comfort and Rest Status

During our shift, she was comfortable in sleeping but there are episodes where she cannot sleep due to ward setting. The lights are on and the Noise surrounding the ward could irritate her disturbance of sleeping.

Psychological Interventions

Growing awareness of my psychological problems associated with cancer and its treatment led to the development of supportive interventions for patients and their family. Feeling of depression, anxiety and fear are very common and are normal responses to their life changing experience.

People with cancer, as well as their friends and family, can feel distress about these things at any time after a cancer diagnosis, even many years after the cancer is treated. As the cancer situation changes, they all must cope with new stressors as well as with the old, and their feelings often change, too.

Social support lessens anxiety and depression

Patients with more social support tend to feel less anxious and depressed and report a better quality of life. People with cancer find it encouraging to have others who listen and help with the practical aspects of dealing with cancer. Asking family members and loved ones for this kind of support may help reduce the patient's distress and the distress of those who care about him or her.

Depression and the person with cancer Clinical depression causes great distress, impairs functioning, and might even make the person with cancer less able to follow their cancer treatment plan. The good news is that clinical depression can be treated.

Encourage the depressed person to continue treatment for depression until symptoms improve, or to talk to the doctor about different treatment if there's no improvement after 2 or 3 weeks.

Promote physical activity, especially mild exercise such as daily walks.

Help make appointments for mental health treatment, if needed.

Provide transportation for treatment, if needed.

Engage the person in conversation and activities they enjoy.

Remember that it's OK to feel sad and grieve over the losses that cancer has brought to their lives, and to yours.

Realize that being pessimistic and thinking everything is hopeless are symptoms of depression and should get better with treatment.

Reassure the person that with time and treatment, he or she will start to feel better – and although changes to the treatment plan are sometimes needed, it's important to be patient.

Anxiety, fear, and the person with cancer

It's normal to feel afraid when you're sick. People may be afraid of uncontrolled pain, dying, or what happens after death, including what might happen to loved ones. And, again, these same feelings may be experienced by family members and friends.

Encourage, but do not force, each other to talk.

Share feelings and fears that you or the anxious person may be having.

Listen carefully to each other's feelings. Offer support, but don't deny or discount feelings.

Remember that it's OK to feel sad and frustrated.

Get help through counseling and/or support groups.

Use meditation, prayer, or other types of spiritual support if it helps

Try deep breathing and relaxation exercises. Close your eyes, breathe deeply, focus on each body part and relax it, start with your toes and work up to your head. When relaxed try to think of a pleasant place such as a beach in the morning or a sunny field on a spring day.

Talk with a doctor about using anti-anxiety or anti-depressant medicines.

II. Conclusion

Breast cancer is a disease that can be treated and cured if diagnosed at the early stage. The psychological condition of the patient goes a long way in the treatment of the disease. Having a positive attitude and good coping skills can help patient during and after treatment. This can be achieved by proper counselling and therapies.

Palliative care, which provides physical, emotional, and spiritual relief, must be provided with attempts for curative therapy and becomes the exclusive goal when cure cannot be expected at all stages of breast cancer, treatment needs to be modified for life expectancy.

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